

**GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
SINGLE FAMILY DEVELOPMENT PROGRAM**

**AUTHORIZED SIGNATURE FORM
FOR REQUEST OF FUNDS**

Name of Applicant: _____

Address: _____

As the Authorized Official of the organization, the following individual(s) and the following number of signatures are required to authorize and to submit requests for payment:

(Check Only One)

_____ Only one signature is required on payment voucher

_____ Two signatures are required on payment voucher

Names of Authorized Officials:

Typed Name:

Signature:

Typed Name:

Signature:

I certify that the signatures above are the individuals authorized to draw payment under the Single Family Development Program:

Signature

Date

Title

